



PATENT APPLICATION  
ELG057-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	) Group Art Unit: 2891
	)
GOMES ET AL.	) Examiner: Matthew W. Such
	)
Application No. 10/720,438	) TYCO ELECTRONICS CORPORATION
	) 307 Constitution Drive
Filed: November 24, 2003	) Menlo Park, CA 94025
	)
For: METHOD OF MANUFACTURING	) March 2, 2006
TOUCH SENSOR WITH SWITCH	)
TAPE STRIPS	)

REPLY

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is filed in reply to the Office Action mailed February 6, 2006, which is a restriction requirement. Please charge any fees and credit any overpayments to Deposit Account No. 18-0560. Reconsideration, re-examination, and allowance are respectfully requested in view of the Amendments and Remarks below.

Amendments to the Claims are reflected in the listing of claims which begins on page 2. Remarks begin on page 6.

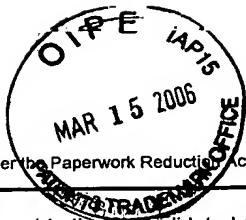
CERTIFICATE OF MAILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Name of person signing certificate: Marquerite E. Gerstner

Signature: Marquerite E. Gerstner

Date: March 2, 2006



yfw

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/720,438
		Filing Date	November 24, 2003
		First Named Inventor	Gomes et al.
		Examiner Name	Matthew W. Such
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2891
TOTAL AMOUNT OF PAYMENT (\$)		No Fee	Attorney Docket No. ELG057-US1

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** \_\_\_\_\_ **Extra Claims** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____ = _____	_____

**4. Other Fee(s)**

Extension fee No Extension Fee N/A

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>		
Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent) 32,695
Name (Print/Type)	Marguerite E. Gerstner	Telephone 650-361-2483
		Date March 2, 2006

**Certificate of Mailing (37 CFR 1.8)**

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: March 2, 2006 Name (printed): Marguerite E. Gerstner

Signature: Marguerite E. Gerstner